



Congressman Pedro R. Pierluisi  
Statement As Prepared For Delivery  
White House Meeting on  
Implementing the National HIV/AIDS Strategy in the Latino Community  
*September 23, 2010*

Thank you. And good afternoon to you all.

I want to begin by thanking the White House Office of National AIDS Policy for convening this meeting to discuss the implementation of the National HIV/AIDS Strategy in the Latino community. I particularly want to thank James Albino, the Senior Program Manager at ONAP, for inviting me to speak today. Whether serving inside or outside government, James has always been a tireless champion for people with HIV/AIDS. And through his labors on behalf of the living, he has honored the memory of those we have lost to this disease. So thank you, James.

Let me also take this opportunity to express my admiration for the men and women in this room who, like James, have spent most or all of their professional lives waging war against HIV and AIDS. You are doctors, researchers, educators, advocates and public servants. But, above all, you are soldiers on the front lines against a fierce and unrelenting enemy. The progress you have made in this battle over the years is nothing short of extraordinary. Much work remains to be done, of course, which is precisely why we are gathered here today. But this fact should neither diminish nor obscure the remarkable advancements that we as a country—and that you as individuals—have already made.

Shortly after taking office, President Obama tasked ONAP with developing a National AIDS Strategy. The primary purpose of the Strategy, the President made clear, would be to reduce the number of people who become infected with HIV, to increase access to care and improve health outcomes for people living with HIV, and to reduce HIV-related health disparities.

In the process of crafting the Strategy, ONAP conducted community discussions at 14 locations around the country, including many jurisdictions with large Hispanic populations. I want to personally thank ONAP for traveling to Puerto Rico and the U.S. Virgin Islands, where AIDS has taken a considerable human toll. ONAP's decision to include these U.S. territories on its itinerary has both practical and symbolic value. It reflects the Administration's commitment to combat the disease in San Juan and St. Croix with the same zeal as it does in, say, New York and Miami. That is a powerful message—and, I must say, not one the federal government has always delivered in the past.

In July, ONAP released its National AIDS Strategy, together with a plan to implement that Strategy at the federal level. I found both documents to be comprehensive, well-informed, and elegantly written. I was particularly heartened by the opening sentence of the implementation plan, which notes that “the National HIV/AIDS Strategy is just a collection of words on paper, unless it provides a strategic vision for the country that leads to action.” That is exactly right. History will ultimately judge us by what we *do*, not what we say—by our *deeds*, not our rhetoric.

The subject of today's gathering, of course, is how we can most effectively implement the National AIDS Strategy in the Latino community. I do not pretend to have any special wisdom when it comes to answering this question. You are the experts, and so I want to do more listening than talking today. But let me just take a minute or so to frame the issue.

Strictly speaking, AIDS does not discriminate by race, gender or class. It doesn't care who you are or where you're from. Nonetheless, there have always been—and there continue to be—meaningful disparities with respect to HIV/AIDS. According to the latest data, for example, the HIV incidence rate among Latinas is nearly four times the rate for white women. The rate of new AIDS cases among Latino men is three times that of white men, and the rate among Latinas is five times that of white women. And, once diagnosed with AIDS, Hispanics generally die earlier than whites from the disease. These are hard truths—and we must confront them with candor.

In general, the ways to reduce the number of new HIV infections are the same in every community. Practice abstinence or safe sex, don't do drugs—or, if you do, don't use dirty needles—and get tested early and often so you don't unknowingly infect your partners. But, at the same time, HIV prevention efforts cannot be “one size fits all.” Rather, they must be carefully tailored to the targeted community, culturally and linguistically appropriate, and designed to overcome any particular social stigmas that may exist within that community. Which prevention approaches work best in Latino communities—and those techniques may vary depending on whether the community is urban, suburban or rural—is a core question that today's session is designed to answer.

In closing, I want to reiterate my gratitude to those of you serving in the trenches in the battle against HIV/AIDS. I encourage you to keep fighting, and I am proud to fight alongside you.

Thank you all.